```
WIDE HORIZONS CARE CTR              PROVIDER #: 46G012      FACILITY BEDS        TYPE ACTION: RECERTIFICATION
910 MONROE BLVD                          PHONE NUMBER: (801) 399-5876    TOTAL: 83
OGDEN UT 84404              PARTICIPATION DATE: 08/27/1980  CERTIFIED: 83     TYPE OWNERSHIP: PRIVATE PROPRIETARY
STATE'S REGION CODE: 001

COMPLIANCE STATUS: FACILITY MEETS REQUIREMENTS BASED ON AN ACCEPTABLE PLAN OF CORRECTION


RESIDENT CENSUS ON 03/14/2002                 LTC AGREEMENT DATES                TOTAL CERTIFIED BEDS:   83
---------------------------                   -------------------                --------------------
            TOTAL:    79                       BEGINNING:    05/01/2002     18     18/19    19   ICF/MR
         MEDICARE:     0                          ENDING:    04/30/2003     --     -----    --   ------
         MEDICAID:     0                       EXTENSION:                                          83
            OTHER:     0             ADMISSION SUSPENDED:
                                    SUSPENSION RESCINDED:



CURRENT SURVEY REVISIT DATES - 05/21/2002

PRIOR 3  PRIOR 2  PRIOR 1  CURRENT      PLAN/DATE
SURVEY   SURVEY   SURVEY   SURVEY    OF CORRECTION              PROGRAM REQUIREMENTS
02/1999  05/2000  03/2001  03/14/2002

   X                                            STD       W0108-COMPLIANCE WITH SAFETY LAWS
                     X        X P    06/30/2002  STD       W0120-OUTSIDE SERVICES MEET NEEDS OF CLIENTS
                     X                           STD     * W0159-ACTIVE TREATMENT PROGRAM COORDINATED BY QMRP
                     X                           STD       W0231-OBJECTIVES PROVIDE MEASURABLE INDICES OF PERFORMANCE
   X                                            STD     * W0285-INTERVENTIONS APPLIED WITH SUFFICIENT SAFEGUARDS
                     X                           STD       W0434-FLOOR SURFACES PROMOTE MAINTENANCE OF SANITARY CONDITIONS
   X                                            STD       W0472-FOOD SERVED IN APPROPRIATE QUANTITY
   X                                            STD       W0480-MENUS INCLUDE AVERAGE PORTION SIZE
   X                                            STD       W0481-MENUS FOR FOOD ACTUALLY SERVED KEPT FOR 30 DAYS
   X                                            STD       W0488-CLIENTS EAT IN MANNER CONSISTENT WITH DEVELOPMENT LEVEL


EDITION OF LSC APPLIED
85 EXIST 85 EXIST 85 EXIST 85 EXIST
PRIOR 3  PRIOR 2  PRIOR 1  CURRENT      PLAN/DATE
SURVEY   SURVEY   SURVEY   SURVEY    OF CORRECTION              LSC DEFICIENCIES - BLDG NO. 01
02/1999  05/2000  03/2001  03/14/2002
   X        X        X       X F                           K0020-STAIRWAY ENCLOSURES AND VERTICAL SHAFTS
                             X C     05/10/2002            K0038-EXIT ACCESS
   X        X        X       X F                           K0056-AUTOMATIC SPRINKLER SYSTEM
   X                                                       K0060-SPRINKLER ALARM SYSTEM
   X                         X C     05/10/2002            K0062-SPRINKLER SYSTEM MAINTENANCE
                     X                                     K0069-COOKING EQUIPMENT
   X                                                       K0075-WASTEBASKETS
   X                 X       X C     05/10/2002            K0130-OTHER


TYPE OF                                 CURRENT         PRIOR 1    PRIOR 2    PRIOR 3
DEFICIENCY                              SURVEY          SURVEY     SURVEY     SURVEY
----------                              ------          ------     ------     ------
CONDITION                                 0               0          0          0
STANDARD                                  1               4          0          6
REGIONAL OFFICE FLAG (INCLUDES COPS)      0               1          0          1
HEALTH TOTAL                              1               4          0          6
LIFE SAFETY CODE                          5               4          2          6
LIFE SAFETY CODE + HEALTH                 6               8          2          12


                       STATUS OF DEFICIENT COPS
                            CURRENT SURVEY

               DEFICIENCY NOT    DEFICIENCY CORRECTED    REPEAT COP
                 CORRECTED         AFTER APPROVAL        DEFICIENCY
                 ---------        --------------         ----------
COP                 0                   0                    0


COMPLAINT SURVEY INFORMATION

SURVEY DATE       STATUS
-----------       ------
03/22/2000        UNSUBSTANTIATED


FMS SURVEY INFORMATION

* NO FMS SURVEYS FOR THIS FACILITY
C=DATE OF CORRECTION     N=NO DATE GIVEN      P=PLAN OF CORRECTION    R=REFUSED TO CORRECT     W=WAIVED     X=DEFICIENT
* = REGIONAL OFFICE FLAG (INCLUDES COPS)     ELE = ELEMENT    STD = STANDARD    COP = CONDITION
```